

## Supported Employment Job Development Hire Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Please review Technical Specifications and Fee Schedule for additional service information. Report must be submitted within 5 days of the end of service or previous month if service is continuing.

Report Month <b>(Month)</b>	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Date	Report Author
Invoice Amount	Employer Name and Address
Counselor/DVR Staff Contact Name	Supervisor Contact Information
Hire Date (Date of accepted job offer)  This position is: <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary If either of these were checked, did the consumer mutually agree to this type of employment? Please explain:	Start Date (Date consumer starts work)  Benefits provided/offered: (health insurance, 401K, vacation/sick leave, etc.)
Job Title  Job Duties	Hourly Wage  Hours per week  Are the hours/week the same amount as the consumer identified at the outset of Supported Employment job development? <input type="checkbox"/> Yes <input type="checkbox"/> No If no was selected, DVR consultation is required. Please describe the consultation that occurred between DVR, Service Provider, and the consumer.
Is the employment in a competitive and integrated setting. Describe.	Plan for initial follow-up and continued contact
What was learned from previous work history, strengths, concerns (symptomology, substance use,	Initial job support strategies:

transportation, etc.)	
Did the DVR consumer give permission to the Service Provider to directly contact the employer? (Signed release of information must be attached.) If no, please explain.	Description of why this job is a good match for the consumer: